



Farmers Market Permit Application

Application is for temporary food establishments participating in an Island County Farmers Market
Application must be submitted at least 14 days prior to first scheduled event date and is non-transferable to either person or place.

Incomplete or inaccurate applications may be sent back. Please print legibly in blue or black ink.

Food Establishment Name:		UBI #
Business Mailing Address (Street, city, state, & zip code):		
Applicant's Name:		Title:
Contact #:	Email:	
Date(s) & Time(s) of operations:		
Event/Market Name:		
Event Location (address):		
Event Coordinator:	Event Contact # or Email:	

Please submit the following (failure to submit may result in the denial of the application):

- Generalized menu (WSDA license may be limited to foods listed on license)
- Copy of a Washington County or State food license/permit and/or commissary kitchen agreement form
- Other documents as requested by the Environmental Health Specialist.

I understand no changes to the menu, change of event location and/or event duration may be made without approval from Island County Public Health. Should such changes occur after approval a new application will need to be submitted. *Initial:* _____

Upon approval to operate at a Farmers Market, I understand that I must comply with the Food Safety requirements as follows:

Initial	
	At least one person in the establishment will have a valid WA State Food Worker Card.
	A handwashing facility will be available and accessible to employees during all times of the food operation.
	Water, ice and food will be from approved sources. Home storage or preparation is not permitted.
	Approved barriers including utensils, paper wraps, and gloves (which must be changed when contaminated, ripped, or after changing tasks) to prevent bare hand contact with ready-to-eat foods shall be used.
	Employees have accessible restrooms. All employees must wash their hands after using the restroom.
	Food, ice, and single-service products will be stored off the ground and away from sources of contamination. Only food-grade containers will be used for food storage and transport.
	Foods that are cooked and/or hot held may not be cooled to be served at another time unless a written procedure is submitted and approved by ICPH.
	I may not operate without written approval by ICPH for the above location and times as listed above.

CONTINUE COMPLETION OF APPLICATION ON PAGE 2

I hereby acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with WAC246-215 and local food safety requirements, and my food establishment may be subject to inspection by Island County Public Health.

Applicant Signature:	Date
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Office use only:

☐ Approved EHS approval: _____ Date: _____

☐ Denied Reasoning: _____ Date: _____

Comments: _____

EVENT SITE FACILITIES (Check all applicable boxes)		
Food Protection at Event Overhead coverage ___ Pop-up tent ___ Existing building ___ Other: _____	Type of handwashing sink(s): ___ Gravity fed unit ___ Self-contained portable sink ___ Permanently plumbed sink ___ Other: _____	
	Equipment used for food handling at event: Food contact surface must be cleaned & sanitized or replaced every 4 hours or less ___ Grill ___ Wok ___ Deep Fryer ___ Warmers (rice cooker/slow cooker) ___ Pans/tongs ___ Blender ___ Cutting board ___ Other: _____	
Food Handling at Event All food prep must be completed at the approved commissary kitchen: ___ Cooking ___ Assembly ___ Plating (from raw) ___ Cold storage ___ Hot storage ___ Other: _____	Temperature Control at event: Keep hot foods $\geq 135^{\circ}\text{F}$ Keep cold foods $\leq 41^{\circ}\text{F}$ ___ Cooler with ice/gel ice pack ___ Refrigerator ___ Chafing dish with sterno ___ Cambro ___ Use time-as-control (written procedures must be attached) ___ Other: _____	

Food Protection at Event Overhead coverage ___ Pop-up tent ___ Existing building ___ Other: _____	Type of handwashing sink(s): ___ Gravity fed unit ___ Self-contained portable sink ___ Permanently plumbed sink ___ Other: _____
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Protection from public	Food contact surface must be cleaned & sanitized or replaced every 4 hours or less
<input type="checkbox"/> Sneeze guards <input type="checkbox"/> Pre-packaged food only <input type="checkbox"/> Equipment covers <input type="checkbox"/> Food handling ≥ 6 ft distance <input type="checkbox"/> Other _____	<input type="checkbox"/> Grill <input type="checkbox"/> Wok <input type="checkbox"/> Deep Fryer <input type="checkbox"/> Warmers (rice cooker/slow cooker) <input type="checkbox"/> Pans/tongs <input type="checkbox"/> Blender <input type="checkbox"/> Cutting board <input type="checkbox"/> Other: _____

All food prep must be completed at the approved commissary kitchen:

____ Cooking (from raw) ____Assembly ____Plating

____ Cold storage ____Hot storage ____Other:_____

Keep hot foods $\geq 135^{\circ}\text{F}$
 Keep cold foods $\leq 41^{\circ}\text{F}$
 ___ Cooler with ice/gel ice pack ___ Refrigerator
 ___ Chafing dish with sterno ___ Cambro
 ___ Use time-as-control (written procedures must be attached)
 ___ Other: _____

SITE PLAN – BOOTH DIAGRAM (label hand sinks, table, equipment, etc.)